

FLUOROSCOPY PERMIT APPLICATIONPlease read instructions before completing application. **TYPE OR PRINT LEGIBLY**

Name (last, first, middle)		Date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social security number	
Address (number, street)		City		State	ZIP code
Home telephone number ()	E-mail address	Business telephone number ()		Fax number ()	
Your Radiologic Technologist (CRT) Certificate number	Expiration date		Type of certificate <input type="checkbox"/> Diagnostic <input type="checkbox"/> Therapeutic		
Current employer name					
Current employer address (number, street)		City		State	ZIP code

NOTE: "All information on this application is releasable to the public. You may submit a P.O. Box number rather than a home address if no other business address is available." California Public Records Act (PRA), Government Code, Sections 6250, et seq.

In support of my request for a radiologic technologist fluoroscopy permit, I am submitting the following item(s):

- ☐ Fluoroscopy permit application fee of \$75.00 payable to the **California Department of Health Services Radiologic Health Branch (CDHS-RHB)**.
- ☐ Fluoroscopy permit examination fee of \$100 payable to the American Registry of Radiologic Technologists in the form of a money order or cashier's check.
- ☐ Copy of radiologic technologist fluoroscopy school graduation diploma or certificate.
- ☐ Completed form DHS 8218 SF Supplement F.
- Attach a copy of your current diagnostic Radiologic Technology Certificate.

I hereby attest that the submitted documents and information are true and accurate. I understand that submitting false documents or information is a misdemeanor punishable under California law. Further, I know that I may not expose human beings to X-rays in California unless I am authorized to do so by the California Department of Health Services, Radiologic Health Branch.

Signature of applicant	Date
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Please read the Privacy Notification on the page 2.

MAIL <ul style="list-style-type: none"> • Application • Supporting documents • Application fee and • Examination fee 	TO: California Department of Health Services Radiologic Health Branch, MS 7610 Certification Unit P.O. Box 997414 Sacramento, CA 95899-7414
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For Department of Health Services Use Only

Application approved by		Date of approval		School code		180 days				
I.D. NUMBER	DATE OF EXAM	PLACE OF EXAM	STUDY MATERIAL		EXAM RESULTS					
			Date Sent	Initial	Pass	Fail	No Show	Date Sent	Initial	
Class code	Fluoroscopy Permit number		Issued by				Issue date			

Comment:

FLUOROSCOPY PERMIT APPLICATION INSTRUCTIONS

APPLICATION PROCESS (All DHS applications are available at: www.dhs.ca.gov/rhb)

1. Submit a completed Radiologic Health Branch (RHB) Radiologic Technologist Fluoroscopy Permit application form DHS 8218.
2. Include the **RHB APPLICATION FEE** of **\$75.00** in the form of a check or money order payable to the **California Department of Health Services Radiologic Health Branch (CDHS-RHB)**.
3. Include the **EXAMINATION FEE** of **\$100** in the form of a cashier's check or money order payable to the American Registry of Radiologic Technologists (**personal checks will not be accepted**).
4. Include your certificate of completion from a California-approved radiologic technology fluoroscopy school.

OR

Include your completed form Supplement F (DHS 8218 SF) showing that education, training, and experience is equivalent to that of the radiologic technologist fluoroscopy school curriculum.

AND

5. **If you are a holder of a current California Diagnostic Certificate**, a copy of your California diagnostic Radiologic Technology Certificate must also be submitted.
6. Senior Radiologic Technologist students are eligible to sit for the California Technologist Fluoroscopy Permit examination during their senior year when enrolled in a California-approved Diagnostic or Therapeutic radiologic technologist school. The completed application, required fees, fluoroscopy school completion document or certificate, and RHB form 1001 must be submitted by the program director.

EXAMINATION PROCESS AND ADMISSION NOTIFICATION

1. Fluoroscopy permit applications, application fee, examination fee, and appropriate documents must be sent directly to the Department of Health Services, Radiologic Health Branch, Certification Unit.
2. Applicants approved to take the state examination administered by the American Registry of Radiologic Technologists (ARRT) will receive a California State Licensing Examinee Handbook from the ARRT containing examination scheduling instructions and important examination information.
3. The examination fee paid to ARRT to take the state Radiologic Technologist Fluoroscopy Permit Examination is nonrefundable.
4. Individuals applying for ARRT and/or state examinations can have only one examination record at a time.
5. California fluoroscopy permit examination is a 1.5 hour examination consisting of 90 questions in fluoroscopy radiation protection and use of fluoroscopy and ancillary equipment.

NOTIFICATION OF EXAMINATION RESULTS

1. RHB will notify you **by mail** of results within 30–45 days following the examination. Please do not inquire prior to 30 days.
2. RHB cannot divulge examination results over the telephone.

IMPORTANT NOTICE

Pursuant to Section 107070 of the Health and Safety Code, the Department of Health Services, Radiologic Health Branch, may revoke or suspend certificates and permits, or deny issuing a certificate or permit to you, if you violate or have violated any of the provisions of the California Certification Act.

PRIVACY NOTIFICATION

This information is requested by the Department of Health Services, Radiologic Health Branch, and is needed to determine your eligibility for admission to the technologist fluoroscopy permit examination pursuant to Section 106995 of the Health and Safety Code. Unless otherwise noted, the information requested is mandatory. Failure to provide the information may result in denial of your application. The information may be provided to federal, state, or local agencies for law enforcement purposes. For information or access to your records, contact California Department of Health Services, Radiologic Health Branch, MS 7610, Chief, Certification Unit, P.O. Box 997414, Sacramento, CA 95899-7414; telephone (916) 327-5106; or www.dhs.ca.gov/rhb.